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BIBDATASHEET**CONFIRMATION NO. 4432**

Bib Data Sheet

SERIAL NUMBER 10/684,396	FILING DATE 10/15/2003 RULE	CLASS 455	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 1444.1001C3
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APPLICANTS

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 Surya Sekhar Velpuri, Hyderabad, INDIA;
 Bhanumurthy Nallagonda, Hyderabad, INDIA;

** CONTINUING DATA *****

This application is a CON of 10/114,047 04/03/2002 PAT 6,714,632
 which is a CON of 09/851,382 05/09/2001 PAT 6,381,316
 which is a CON of 09/395,868 09/14/1999 PAT 6,320,947
 which claims benefit of 60/100,440 09/15/1998
 and claims benefit of 60/100,470 09/15/1998

YES \emptyset T

** FOREIGN APPLICATIONS *****

None \emptyset T

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/15/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

met
Verified and
Acknowledged

Examiner's Signature

Initials

COUNTRY
THAILAND

DRAWING
27

CLAIMS
16

CLAIMS
6

ADDRESS

21171
STAAS & HALSEY LLP
SUITE 700
1201 NEW YORK AVENUE, N.W.
WASHINGTON , DC
20005

TITLE

Enhanced communication platform and related communication method using the platform

<p>FILING FEE RECEIVED 1028</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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** 01/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY THAILAND	SHEETS DRAWING 27	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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